

Capacity and Needs of Indiana Dental Workforce to Meet Oral Health Needs of Hoosiers with Disabilities: Summary of Key Informant Interviews

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Project Overview

The Center for Health Equity at the Indiana Institute on Disability and Community at Indiana University Bloomington, with support from the Indiana Governor's Council for People with Disabilities, is conducting research to collect comprehensive data about the oral health needs of people with disabilities as well as the current capacity and needs of dentists in Indiana.

Interviews with Dentists and Others in the Dental Workforce

From July to December 2019, the Center for Health Equity interviewed nine dental professionals (six practicing dentists, one director of a post-secondary dental education program, one researcher on the Indiana health workforce, and one executive director of a dental foundation) about the capacity of Indiana's dental workforce to service individuals with disabilities.

In recruiting interviewees, the project staff sought the assistance of several key oral health organizations in Indiana including the Indiana University School of Dentistry, the Oral Health Program at the Indiana State Department of Health, the Indiana Oral Health Coalition, the Riley Child Development Center (Dentistry Coordinators) and others.

The interview questions ranged from those about their education and training to more specific questions about the provision of dental care to people with disabilities. Interviewees were asked about barriers encountered by the dental providers in providing dental care to people with disabilities, the role of Medicaid in dental care for individuals with disabilities, and the capacity and needs of the dental workforce to address the oral health needs of Hoosiers with disabilities. There was also the opportunity for the interviewees to offer suggestions on addressing their oral health needs.

Key Findings

The capacity of Indiana's dental workforce to provide quality dental care to people with disabilities is low.

- There is limited training on how to work with people with disabilities in educational programs.
- There is an overreliance on pediatric dentists to provide care for adults with disabilities.

Dentists encounter a lack of access to hospital-based services to provide needed care.

Dentists believe that insurance reforms are needed to improve access to dental care for people with disabilities.

- There is a need to increase Medicaid reimbursement and dispel misconceptions regarding Medicaid programs and patients.
- Limitations in insurance coverage prevent people with disabilities from obtaining necessary dental health services.
- Dentists have difficulty navigating the Medicaid system.

KEY INFORMANT INTERVIEW THEMES

Theme 1. The capacity of Indiana’s dental workforce to provide quality dental care to people with disabilities is low.

1a. Dentists are not sufficiently prepared to treat people with disabilities.

The key informants thought that dentists in Indiana have not received appropriate education and clinical training in providing dental care to people with disabilities. Dentist interviewees reported that they received little to no training or exposure to people with disabilities during their dental education, especially in their predoctoral programs. Interviewees suggested that dentists in Indiana have a low level of proficiency and comfort in treating this population.

“I did not receive other than maybe some didactic, but I did not receive any hands-on clinical training with disabled patients. I did not receive any of that until I started my residency at Riley Hospital.”

“I don't think that they get enough training, enough lectures, enough background to really feel comfortable working with patients with disabilities. It's the lack of training, lack of courses, lack of interaction between the students and the faculty and the clinic ...”

“...the biggest challenge is the – I don't want to say a lack of willingness among our dental professionals, but I want to say that they have concerns about their competence – that's number one. So, I think that our dental professionals are concerned about their competence in treating individuals with disabilities.”

Few have obtained continuing education either. For providers who do want additional training, there are limited opportunities for such.

“It's unfortunate ... A lot of my continuing education is not related to people with disabilities.”

“...there's not a lot of explicit continuing education focused primarily on patients, such as, you know, disabled adults, special needs adult populations per se.”

Related to a lack of education and training is a lack of the necessary comfort level to be agreeable to seeing people with disabilities. Enhancing dentists’ levels of competence and comfort are critical to increasing the number of providers that will see patients with disabilities. A low level of comfort leads to a lack of willingness to provide dental care services to people with disabilities.

“So certainly, if they don't have the comfort level to see them, they're not going to, so that's one is just probably their level of education to treat them.” Additionally, *“you know, they need to be treated, that they're not that difficult to treat, and we just need to get [dentists] comfortable.”*

“I think it's familiarity, that, you know, just because the students aren't exposed to it in their program, they don't feel comfortable going out in practice and seeing that population. I think that's a big part of it.”

1b. The dental care of Hoosiers with disabilities is overly reliant on pediatric dentists.

Interviewees indicated that the dental profession in Indiana may rely too heavily on pediatric dentists to provide

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care to people with disabilities. Compared to other dental specialties, pediatric dentists receive training to provide care to patients with special health care needs. Therefore, they are, by default, the primary providers of oral health care for people with disabilities, including adult patients. There are not enough general dentists providing care to this population. Though pediatric providers see the majority of people with disabilities, they are unable to provide the same type of care general dentists provide to adult patients.

“...pediatric dentists ended up being the safety net for patients with disabilities.”

“Most of our patients are seen by pediatric dentists if they have severe challenges that the [general] dentists feel that, you know, it's outside their scope...”

“Well, unfortunately when pediatric dentists go through residency, a lot of them since we now become specialized, and no longer are doing a lot of the procedures of general dentistry, that patients who need advanced adult and general dentistry. We compromise, so we don't do cap-crowns or things like that ... So, unfortunately you have pediatric dentist who -- not that it's a substandard care, but I do think the care ends up being, it's not ideal care. It's clinically acceptable, but would it be better for this patient to have a cap crown versus a stainless-steel crown? Absolutely.”

The key informants thought that any dentist should be able to see people with disabilities for routine, preventative care. Dentists should not refer people with disabilities to other providers solely because of a disability diagnosis. This problem of automatic referral is related to a lack of comfort in treating individuals with disabilities and also reflects the reliance on pediatric dentists to treat people with disabilities, as previously noted.

“There are a lot of patients that are, unfortunately, are immediately referred to Dr. West and myself merely by their diagnosis on paper. And no attempts clinically to treat them have ever been made. And quite frankly, it's a little bit more time will be carved out in a dental office, in a regular outpatient setting, they could be seen anywhere.”

“But I think from the neurodevelopmental standpoint, to understand that, you know, if autism is checked on a medical [history]. There's such varying degrees that the expectation shouldn't be that this is not a patient that you wouldn't be able to see in your office.”

The reliance on pediatric providers creates an issue of care transition from adolescence to adulthood. The level of care drops off during this transition period. Interviewees indicated that general dentists do not have the capacity to treat people with disabilities. This issue of care transition affects the receipt of routine, preventative care for people with disabilities.

“Pediatric dentists are by default, we are the ones who see patients with disabilities ... when they reach 18 years old, they're supposed to go and see general dentists ... they [general dentists] are not well trained, or they don't feel comfortable providing dental care with patients with some kind of a disability.”

“...maintaining the same level of care often drops off for many reasons ... But we often are challenged by losing those patients from, you know, traditional routine care, and then they tend to resurface when there is a problem ... therein lies the problem that there aren't enough adult care providers currently willing to see this population, and trained adequately to care for them.”

Theme 2. Dentists encounter a lack of access to hospital-based services to provide needed care.

In some instances, dentists need access to hospital operating rooms to provide advanced care under anesthesia. The few dentists that do see people with disabilities are now facing the problem of not having access to hospital operating rooms. This puts dentists in a situation in which they must prioritize which patients they can serve. Further, this puts an additional burden on hospital-based dentists.

“...my time is so limited there now that I'm having to not see those patients [adult patients with disabilities] at all so I can see the three-year-old that has infection ... I'm having difficulty being able to take them into the hospital for general anesthesia because the hospital doesn't get reimbursed what they want for these surgical cases. So when these patients do need more extensive treatment other than preventive care, it's going to have to be done with sedation.”

A hospital-based dentist shared that she “saw a patient earlier today who was referred from a provider, because for the last six months [the provider has] been trying to get her into the operating room at [XX], and because she's not based here, she's outside coming in, she could never get time.”

Theme 3. Dentists believe insurance reforms are needed to improve access to care for people with disabilities.

3a. There is a need to increase Medicaid reimbursement and dispel misconceptions regarding Medicaid programs and patients.

The need for better reimbursement is greatly linked to issues related to the Medicaid program. Medicaid reimbursement rates are lower than private insurance rates. Further, reimbursement rates do not match the additional time and resources that may be necessary to provide quality and appropriate care to people with disabilities. Low reimbursement plus the lack of comfort/training in treating people with disabilities makes serving this population less desirable.

“...there definitely has to be a better reimbursement, and that reimbursement could also be, you know, it's similar to how they do in medicine depending on the complexity of care of that visit, it increases. So, if you know, I have to see a patient ... but it requires two assistants ... while the hygienist, you know, we're all working and trying to do the best that we can for this patient. There has to be, I think there should be some type of compensation for someone putting in that much extra effort, to make sure that this patient is in optimal health.”

“Medicaid reimbursement is already less than traditional insurance coverage and then these individuals may require additional time and resources making the already lower reimbursement even lower to the dentist.”

Issues with reimbursement discourage dentists from enrolling as a Medicaid provider. There are not enough Medicaid providers nor Medicaid providers who actually treat patients with disabilities.

“When you start dealing with Medicaid, you're automatically really limiting the amount of providers for the Medicaid system ... I believe there's only four or five providers in the whole area of family dentists that will see Medicaid patients ... even if they are a Medicaid provider and they find out that's a disabled patient, they're not going to accept them as a new patient.”

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Dentists also hold misconceptions about the Medicaid program and patients with Medicaid coverage. These negative perceptions of Medicaid inhibit providers from enrolling in the program.

There is an “unspoken barrier, which is that some providers don’t want to take Medicaid. And that’s the umbrella that a lot of these patients fall under. So, I think that that is a barrier between the patient and the dentist simply because, you know, the dentist doesn’t necessarily entertain the patient.”

There is also a “perception of Medicaid patients, especially adults, they don’t show up to appointments.”

“I also think dental associations sometimes can be very negative about the program [Medicaid]. Especially, one, in general and where they’re always going in and talking about how it’s, it’s all horrible ... And it gives us perception of that the program is bad. So, I think that hurts potential where you, there’s people that have never even tried the program.”

3b. Limitations to insurance coverage prevent people with disabilities from obtaining necessary dental health services.

Insurance coverage limits the care that a dentist can provide and what activities are billable to insurance. Some dentists worry about allotting extra time to see people with disabilities for whom they will not be reimbursed. Additionally, they are concerned that insurance will not cover office visits for acclimating a patient, or an insurance plan will cover a limited number of crowns or fillings per year.

“And I’ve seen some – well, you know, if Medicaid only pays once a year, then they’re only going to do it once, even though the patient may need something done twice, you know. And that’s pretty limiting. I think they need to expand that role of dental care with, obviously, children and adults with disabilities.”

“currently most private insurance will not cover extra hygiene visits, which may be very necessary. They will not cover behavior management visits, like bringing the child in ahead of time to desensitize them.”

3c. Dentists have difficulty navigating the Medicaid system.

In addition to issues related to reimbursement, many dentists struggle to navigate Medicaid rules and requirements. A provider may be willing to accept patients on Medicaid, but the system itself can prevent them from becoming an enrolled Medicaid provider.

“You’re never going to get somebody to start accepting Medicaid patients if they struggle to actually get credentialed and re-credentialed and credentialed again with Medicaid, and following all the rules that are set in there. And then once they start accepting payments, if there’s other administrative reasons where they don’t pay or they recoup payment for things, that really puts dentists in a bad spot...”

“You went from one centralized sort of credentialing verification body to now you had five, four or five different provider organizations, that’s very discouraging for providers ... Each one even in their own MCO has a different provider manual as far as what they cover, how often it covers. So that’s frustrating when CareSource covers one thing, but DentaQuest covers another.”